

HAMPTON TOWNSHIP BOARD OF HEALTH

RECEIPT TO BE EMAILED TO: schealth@sussex.nj.us

SUSSEX COUNTY HEALTH DEPARTMENT

OWNER INFORMATION

Date _____

Name: _____ Phone #: _____

Address: _____

Block & Lot: _____

ENGINEER/CONTRACTOR INFORMATION

Engineer's Name: _____

Phone #: _____

Contractor's Name: _____

Phone#: _____

Request to be Scheduled During the Week of _____

GENERAL INFORMATION

Test Hole Fee \$5.00 each

Number of Test Holes _____

Soil Log Fee \$30.00 _____

Re-Inspection Fee \$25.00 _____

PAYMENT INFORMATION

Amount Paid: _____ Cash: _____ Check#: _____

Collected By: _____